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## ORIGINAL DEPARTMENT.

### Communications.

#### ON CHOLERA:

DELIVERED BEFORE THE PHILADELPHIA COUNTY  
MEDICAL SOCIETY.

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In giving my experience in this disease, I would premise that I have but little to offer; neither do I claim any superiority in the treatment of it over others, who have had, perhaps, more extended knowledge and opportunities.

In 1832, while a student of medicine, and being intimately acquainted with Dr. SAMUEL PICKERING, a physician whose memory I treasure, I had under his supervision some charge of a small cholera hospital, where first I had opportunities of seeing and treating this disease. Unfortunately, however, the cases admitted there were in the last stages of the disease, and but few instances of recovery were upon its records. Throughout the community there were, however, some remarkable cases of recovery under general and local depletion, and mercury with opium. At this distant period I cannot particularize, but a strong impression was made on my mind, and a resolve, that should the disease ever occur, I would endeavor to mark out some rule of action as a guide for myself. The disease was new in this country, and its pathology not well understood, consequently, there was much vagueness and latitude given the mode of treatment, and all kinds of empiricism had their rise and fall. Contagion and non-contagion then, as well as now, exercised the minds of the profession and the people, and each had its individual adherents. The disease at that time fulfilled its melancholy mission, filling thousands of graves with its victims, and leaving behind their mourning and heart-stricken relatives.

Again, in 1849, our country was severely visited by this messenger of death. At this time I had been ten years in the active duties of our

arduous profession, and after days and nights of close and serious reflection upon the character of the disease, my former resolves, to carry out a course of treatment satisfactory to my own mind, founded upon such pathological views as would serve as a basis to be kept in view as a guide to treatment, were strengthened. These may not be entirely reliable, but, as has been already said, they were adopted for my own government.

I will not at this time enter upon the history or etiology of cholera, which would only be a repetition of the labors of others, and best obtained from the writings of those who have devoted much time and attention to these particulars. Our chief object ought to be to examine into the pathology and treatment of the disease, that we may have principles to guide us in the event of its approach, and leave speculative and doubtful theories to those who have time and inclination to discuss them.

The question of contagion and non-contagion is one of great practical importance, and in the present state of medical opinion I do not think it well to be uncompromisingly committed to one side or the other. There has been abundant evidence to show that direct contagion has been produced from an idio-miasm, or emanations from the decomposition of the ejections, whether from animalcule life, or other elements of decomposition, carried by respiration into the blood, producing a poisonous shock upon the nervous system. On the other hand, its sudden appearance in certain places, and its equally sudden departure, would favor the idea of koino-miasm, or epidemic influence, from sources independent of the human body. Could it be possible for so powerful a morbid poison as cholera to be carried through the atmosphere, from continent to continent, over immense oceans holding their integrity amidst the continued changes and tempests of the atmosphere? On the other hand, has it not been found that the traveller and his effects from crowded and filthy, ill-ventilated ships, has carried from place to place the idio-miasm, which has found pabulum in the filth of localities, or in constitutions predisposed to disease, or an atmosphere favorable to its propagation? I cannot but consider the disease, primarily, conta-

gious; and secondarily, to a limited extent, epidemic, through a combination of circumstances favorable to its promotion. It is the opinion of some, that if it is declared to be contagious, universal alarm would pervade the whole community, and the sick would be deserted. I think otherwise; for if it is understood that when judicious quarantine, cleanliness, and disinfectants are properly applied, the disease may be restrained and isolated, will the idea not be more satisfactory, than to know that the unseen but poisonous cloud floats to and fro, and no human foresight can tell where it may rest?

But I must hasten on to a more particular consideration of the disease, in its practical bearings.

In 1849, I observed the disease then, as in 1832, ushered in by a painless diarrhoea, nausea, debility, oppression, loss of appetite, coated tongue, anxiety, and a disposition to perspiration. In a shorter or longer time, this state, which is called *cholérine*, became aggravated, and the symptoms of true Asiatic cholera set in.

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Much more might be said descriptive of the disease, but before leaving this part of the subject I would add, that the internal venous engorgement is excessively great. If a vein is opened, it remains patulous. If blood appears at the orifice, it is almost black, or so exceedingly dark as to bear this resemblance. It is not long before death terminates this state of things; the body afterwards often retaining the position of parts produced by the severe spasmodic contractions. The records of *post-mortem* examinations have shown the most extensive venous engorgement. This leads me now to give the pathological views I entertained of the disease in 1849, which I will endeavor to do in as few words as possible.

It is evident the peculiar poison is first inhaled and enters the blood through the lungs, and the nervo-ganglionic system sustains a shock, which so deranges the whole organism, that every function becomes deranged; the action of the heart is weak and irregular, the lungs are overloaded with blood, which not being properly aerated, is highly carbonaceous, thick and very dark in color. The pulmonary veins not able to empty the blood sufficiently into the left ventricle, there takes place a stasis in the vena cava ascendens and descendens, hence the cerebral sinuses are overloaded with venous blood, impairing its functions, and exercising great pressure upon the brain, disturbing the powers of both mind and body. The liver and the kidneys are on the same principle overloaded and so oppressed, that bile or urine are improperly eliminated, the functions

of absorption and secretion are both in a proper sense suspended; hence, there is not the separation of effete materials from the blood, and it every moment becomes more deteriorated. The arterial circulation is very feeble, the left ventricle and pulmonary artery doubtless contracting their walls by spasmodic action, the result of a deficient supply of blood, and by this want of vitalizing blood, the nervous and ganglionic systems are no longer able to keep up the equilibrium of life; the muscular system is thrown into irregular action, producing powerful contraction and pain, as well in the interior as the exterior of the body; hence, increased peristaltic and anti-peristaltic action in vomiting and diarrhoea. If absorption and secretion are in a great measure suspended, how shall we account for the rice-water discharges and excessive perspiration? The former, especially, engaged my attention exceedingly, and I endeavored to account for it in the following manner:

The chyle and lymphatic fluids are absorbed in the intestinal canal, pass through the lacteal vessels into the thoracic duct, which mounting along the spine, empties its contents into the left sub-clavian vein. Here, the blood, which we have said is dense, and in feeble circulation, prevents the lighter fluid entering, and by a retrograde movement it is passed back into the intestines, by what may be termed exosmosis, constituting the peculiar milky discharge. By the same means I believe the excessive perspiration to be produced, causing waste of tissue. I cannot think the alvine fluid to be secretion, or entirely epithelium separation. These views may be sharply criticised, or be erroneous, yet, I must respectfully submit them as peculiar to myself, and part of that theory which has heretofore guided my practice; willing, however, at all times to submit to the light of truthful science. On this basis we can certainly account for the extreme emaciation and prostration of strength so striking in cholera patients. If the above pathology be correct, what course of treatment must be pursued? I answer for myself,—that which was proved to be more successful than any other in my hands in 1849, viz., bleeding and calomel, the chief, in combination with other secondary means, graduated according to circumstances. In mild cases, even, these potent remedies were demanded.

On opening a vein in cholera patients the blood may not flow, and why? Because it is pent up in the large venous trunks near the heart, overpowering its action, and almost extinguishing the pulse. The blood from the orifice flows only guttatim, by perseverance, at the same time using

some stimulants internally and externally, the flow quickens, and presently, if the case is not hopelessly incurable, a small stream projects, the heart becomes relieved, the pulse rises, sometimes even forcibly, the color of the skin changes, the absorbent and secretory powers are again called into action, and then it is, that medicines may be expected to do good, and according to my experience, not until then. We see this principle illustrated in other affections, when venesection is required to give efficacy to the medicine. This I have observed in dropsies, constipation, retention of urine, and many other local diseases; but I have never seen the verification of these principles so strikingly exemplified as in cholera. Often have I seen a patient in the agonies of spasm and cramps safely relieved in half an hour. This was my own personal experience in 1849, when seized in the night by the disease. My limbs had a death-like, cold, clammy feeling, muscles cramped, stomach sick, bowels relaxed, and circulation oppressed. I called my wife, had a bandage procured which she tied for me, and I took blood freely. This was followed by delightful sensations; the extremities became warm, perspiration ceased, the cramps subsided. Ten grains of calomel, with two of opium followed by castor oil, completed the cure, and in two or three days I was well. What produced this relief? I answer, the liberation of the circulation, and evacuation of the liver. Having thus realized the correctness of my pathology, I adopted the same treatment, with such modifications as the cases required. Daily, from the 24th of June until the 10th of August, while cholera prevailed in our neighborhood, did I use this plan of treatment. One remarkable case, was that of a woman about 60 years of age. She was almost in articulo mortis; hands and fingers blue and corrugated, severe cramps, constant sickness and vomiting, rice-water discharges, sunken features. Her case seemed hopeless. I bled her; a single drop of black blood came to the orifice; bottles of water were applied to the extremities, and sinapisms to the epigastrium, spine, and other parts, and small portions of brandy given at short intervals. During the time the ligature was kept on the arm, the blood flowed drop by drop, friction was diligently used beyond the bandage, the drops flowed in quicker succession, and at the expiration of half an hour a stream projected. After awhile the current increased, and then was marked the change produced on the circulation. As soon as the blood flowed freely the color of the hands changed, the breathing improved, and the pulse became distinct. Calomel, opium, and camphor, followed by

castor oil, in a short time brought about the recovery of this old lady; of course, accompanied with careful nursing and proper regimen, which must be carefully attended to. I might cite many cases of this nature, but I am admonished to proceed with some details of the treatment.

Many cases of cholera are of a mild character from constitutional vigor or mildness of the poison; still, they require watching, inasmuch as this is the first stage of the disease. The diarrhoea and state of the liver, require to be attended to. For this purpose I have given the following pills:

R. Mass hydrarg.,	℞ss.
Ext. catechu,	℞ij.
Pulv. opii.	gr. v.
Pulv. camphoræ,	℞ss.
Capsici,	gr. v. M.

Ft. Pilul. No. xx.

Sig. One to be taken every half hour or at longer intervals, according to the urgency of the diarrhoea, until it ceases. Then allow the bowels to rest, using at the same time, a bland but nutritious diet, as, bread and milk, boiled rice, or other farinaceous diet, beef tea may also be used, a little spiced and seasoned with salt. During this stage, the usual wholesome articles of diet I think better than being too abstemious. A spiced or mustard plaster over the whole abdomen likewise affords some comfort. The following day a dose of castor oil may be given, after this has operated, should the bowels be over much disturbed, a few more of the pills may be taken. If sickness of stomach comes on, I would use the following mixture in connection with the pills.

R. Chloroform,	aa f.℥ij.
Ol. terebinth.,	℞i.
Pulv. camph.,	℞ij.
Pulv. acacia,	f.℥ss.
Tinct. lavenduli comp.,	f.℥v.
Mist. amygdalæ,	

Ft. Mistura.

Sig. A teaspoonful to be given every hour or half hour, or as needed, until better.

Should these means fail in producing decided relief, and the disease advance into the second stage, I would open a vein and take blood until it flowed freely, judging by this, more than by quantity, which must be determined by the nature of the case. As the pulse rises the cramps will be relieved, and much comfort experienced by the sufferer. Some stimulant may be given, as milk punch, or brandy and water. The thirst, which is great, may be relieved by keeping constantly in the mouth, small pieces of ice, instead of drinking water, which is immediately rejected, because taken so greedily and in too large quantities. After bleeding, I have given calomel ℞ss., with opium and camphor, each gr. iss., keeping sina-

pisms to the spine, abdomen, and extremities, which annoy but little, while the patient is very ill or in a state of collapse, but when, however, reaction takes place, the parts where they have been applied become very painful, which is a good indication. Sometimes I have seen them so days afterward.

It is, in my opinion, highly important to persevere with mercurials, as the above mentioned pills, or calomel, substituted for the blue mass, and at intervals the chloroform mixture, until the sickness of stomach and diarrhoea have subsided; then castor oil may be given, if this is, retained and operates, the stools will be found to be exceedingly bilious, which is the encouraging harbinger of recovery. Should, independent of all these efforts, the third stage advance, then indeed our efforts are very much circumscribed, and the case is almost hopeless, I say almost, but not altogether; there is yet one remedy left—*perseverance*! Even from this state I have seen recoveries, and that too from the much-dreaded *lancet*. Let it not be thought that this is over-much inculcated in this paper. I only state, that what has been done can be done again; but I humbly hope and pray that the opportunity of doing so may never occur. But, if another and better course is shown to my mind, I will be among the first to adopt it for the good of suffering humanity. On examining my book, I find there recorded 98 cases of cholera, and out of these, there were 61 bled, and five deaths, making five per cent., and if all the cases of dysenteric character, with diarrhoea, cholera infantum, cholera morbus, colic, and disorders of a similar character were included, which at that time might be legitimately classed as *choleric*, the aggregate of cases might be enumerated at about 200, within the periods of June 25th and August 10th. I subjoin the following particular notice of the fatal cases:

1. Mrs. Martha Brown, 30 years; in collapse, lived a few hours, not bled.
2. Mrs. Thomas, 60 years; a lady often complaining.
3. Rosanna Wilson, 40 years; a strong colored woman; two hours sick.
4. Mrs. Jackson, 35 years; a woman debilitated with child-bearing.
5. Jacob Hellerman, 60 years; a farmer, 24 hours sick.

Before concluding the subject, it might be well to say a few words in relation to the sick room, and a few other particulars which may be of some importance. The room ought to be well ventilated, no curtains allowed; as little carpet-

ing as can be. The bed might be covered under the sheet with a gum cloth, to protect the mattress, which is preferable to feathers; the patient's garments loose, the covering light; a single sheet or light coverlid being sufficient, there is so much intolerance of heat. Every article ought to be changed as soon as soiled and put into boiling water, to which might be added chloride of soda, chlorine water. The commode ought to have in it, constantly, charcoal, lime or its chloride, which ought to be exposed in open vessels in the room; and should any odor be disagreeable, a little diluted sulphuric acid may be from time to time added to it, to disengage the gas. The apartment ought not to be crowded, and every encouragement should be given to the patient to inspire confidence in the treatment, and trust in a wise and merciful Providence, who, although he afflicts, frequently blesses the means for relief.

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#### Cholera in 1866.

In my memoranda for April, 1866, I find noted the following:

The early part of this month has been rather cold, with high winds, some rain, and but little sunshine, until the 19th, when the temperature became pleasant, with warmth and vegetation coming forth slowly. The papers of the 20th report cholera in New York harbor, on board the Virginia, having 1080 emigrants from Liverpool, consisting of Germans, English, and Irish, the first-mentioned having brought the disease on board; on this vessel there were some 100 cases, out of which 38 died.

A few days before the 20th inst., it was reported that the ship England put into Halifax with cholera on board, where she was quarantined. The authorities of New York exercised prompt and vigorous measures, and the medical officers deserved the highest praise for their skill in the management of the disease and the arrest of its progress. In this place might be entered very interesting details of the disease up to the present, but time will not allow. Such valuable information is to be found in the medical journals of the time, both of New York and Philadelphia.

For the month of July the following memoranda are recorded: This month, especially in the first three weeks, has been unexampled for its extreme heat, the thermometer being as high, in the shade, as 102½ degrees, which produced a powerfully debilitating effect upon the people. This was followed, about the 20th or 21st, by a cool change, when the reaction became still worse, producing on the 22d, a number of



cases of cholera morbus resembling the Asiatic cholera, many having severe cramps, not yet the livid surface or rice-water diarrhoea. Diarrhoea with vomiting has been universal. The disorder seemed to have an intermittent character followed by extreme prostration and great tenderness of the bowels. This was particularly marked in persons of a bilious temperament, or who were in a state of debility. The cold stage was slightly marked, the fever moderate, but the sweating stage abundant, having an extreme degree of exhaustion resembling collapse. In some instances the cases seemed to approach a fatal condition, and had to be met with quinia, turpentine, brandy punch, besides blue mass, opium, camphor, catechu, piperine, or capsicum. Cases of this character were universal, and if diarrhoea was the precursor of cholera, the indications were that we would have a most devastating visitation of the much-dreaded disease. Fortunately, this was not the case, the diarrhoea being amenable to the forementioned treatment.

In the month of August the days continued hot, the nights and mornings cool. Diarrhoea with the intermittent type still continued, with some cholera symptoms. One case of this character I lost. He was a man, over 60 years of age, who literally lived on lager beer, and was seized with diarrhoea, vomiting, and pains in the abdomen; his liver and kidneys were in a state of congestion, ending with congestion of the brain.

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In some of my cases I have observed a chill to come on, followed by very violent fever, with unusually hot skin, which continued from one to several days, with drowsiness and diarrhoea, much thirst, dry tongue, rapid pulse, and intense inflammation; the fever declining, left much prostration, with a collapsed condition, copious perspiration, sick stomach, and vomiting. If this state was not arrested, the patient would sink into a very low condition with the next paroxysm; but large doses of quinia, with blue pill and opium, had a happy effect, and soon the patient was out of danger. Many complained of much heat and pain of bowels, the discharges vitiated bile, and sometimes dysenteric, and in some instances there were cramps of the extremities. According to my judgment, there was a choleraic tendency mixed with intermittent fever, making a most serious complication, demanding stimulants and anti-periodics, in my practice.

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In the week ending the 20th inst., (October,) there were five deaths from what was said to be

cholera, four of which were in one family—these cases I did not see.

On Sunday morning I was called on to visit Dallas C., a healthy young man, 21 years of age; had served in the army throughout the rebellion and enjoyed good health. During the past week he had diarrhoea. On visiting him I found great stricture through the præcordial region, and much difficulty of breathing, darkness of skin, feelings of cramp, tossing himself in a very distressed and restless manner, pulse indistinct, feet and legs very cold, disposition to vomit, irritation of bowels. Tongue clean, or nearly so; odor that of cholera (which I had not the slightest doubt it was) advancing rapidly. I immediately ordered a bandage (10 o'clock, A. M.) and opened the median vein, which was small; the blood flowed slowly to the amount of an ounce, then ceased; it was of a dark color. By unremitting friction toward the orifice, it came more freely until it was caused to project, which it did in about fifteen minutes, and became of a brighter color; then he drew a deep inspiration and said he felt better. I allowed the blood to run until one pound three ounces were taken, when he said, decidedly, he was better. I then gave him ten grains of calomel, three of camphor, and one and a half of opium, in two pills, and ordered

R. Chloroform.	
Tinct. camph.,	aa f.3ij.
“ opii,	
“ capsici,	aa f.3j.
Acaciae et sacchar.,	q. s.
Aq. font.,	f.3ii—f.3iii. M.

A teaspoonful to be given every half-hour until easy. Sinapisms to the vertebrae and epigastrium; heat to the extremities; to drink sparingly.

12½ o'clock, noon. Much relieved, reaction established, color better, surface warm to the extremities, and pulse free, numbering 56. Ordered light gruel, or bread and milk, very soft, and continue the same medicine until disposed to sleep.

10½ o'clock, P. M. Has slept, taken nourishment; continued mixture; free from pain; has vomited three times, pulse 52, skin warm and moist, no cramps. Omit mixture and give one of the following pills every two hours.

R. Mass hydrarg.,	gr. xxiv.
Pulv. camphoræ,	gr. xii.
Opii,	gr. vi. M.
Ft. pil. No. xii.	

Oct. 29th, 10 o'clock, A. M. Has had a tolerable good night, and vomited only once; has had evacuation of the bowels, said to be free and natural in appearance. Has felt hungry, pulse 52,

feels no pain, has had slight perspiration, but says he feels weak. Continue pill every two hours.

10 o'clock, P. M. Has been quite comfortable. Complained of the effects of the mustard. His skin is natural and color good, although the pulse is only 48, but regular. Ordered broths and careful but generous nourishment.

On the fourth day after the attack he was about the house, and able during the week to attend to his usual business.

I do not doubt but this young man, judging from the severity of the symptoms, would in one or two hours have been beyond the reach of remedies, but being bled while the disease was in the incipient stage, congestion was relieved and circulation was restored to its normal condition, the hepatic system was called into action, the bowels properly evacuated, and a speedy recovery established.

#### TUBERCULAR MENINGITIS.

By A. B. Arnold, M.D.

(Read before the Baltimore Medical Association.)

Reported by Dr. J. W. P. Bates.

It is well known that LAENNEC was the first who made the observation, that tuberculous deposits are occasionally found in the brains of children who die of phthisis. Numerous writers subsequently corroborated this statement, and it was further observed, that the presence of these granular bodies in the meninges, is a frequent complication of hydrocephalus. The merit, however, of having correctly interpreted this pathological condition, is due to an American physician, Dr. W. W. GERHARD, of Philadelphia, who, while an interne of the Children's Hospital of Paris, in 1833, in conjunction with Dr. RUFF, made this disease an object of special study. These gentlemen found in 40 cases of acute hydrocephalus of children, in this Institution, which terminated fatally, that 39 presented tuberculous exudation in the brain and on its membranes. They hence, concluded that the disease in question was, in fact, a subacute inflammation of the cerebrum, superinduced by the deposit of tuberculous matter. They further asserted, that this disease is peculiar to children, and that an attack of pure or simple meningitis is so rare, that the exceptions need scarcely be regarded. The term tubercular meningitis, was, therefore, adopted as being more expressive of the nature and character of the malady. No one now disputes the correctness of these views, since the able researches of WEST, RILLIET, BARTHEZ, BICHAT, and TROUSSEAU, have established

beyond a doubt the relation existing between the granular deposits in the brains of children and the inflammation of the organ. In nearly all these cases, a marked scrofulous or tuberculous diathesis had been noticed, or in its absence one or both parents of the affected children had suffered under the same constitutional vice. This offers a sufficient explanation of those instances, where a number of children of the same family had been successively attacked at nearly the same age by evident cerebral inflammation, and, also, furnishes a clue to the intractable nature of the disease. But still, it leaves unexplained, why tubercles of the brain are found in *post-mortem* examinations, which, during life, gave hardly any indication of their presence. A similar want of correspondence between the pathological state and the symptomatology has been oftentimes observed in tubercles of the lungs in children, which were never revealed by distinct signs during life.

It is not my intention to give a description of the pathological anatomy of tubercles as they occur in the brain, for they present nothing peculiar in their appearance, manner of development, and disintegration. They have been found in every part of the brain as well as in its membranes. In the majority of cases they are met with in the form of the grey, transparent, miliary tubercle, which induced many authors to call the disease granular meningitis. These granular bodies seem to be seated principally in the pia mater. When the convexity of the cerebrum is invaded, the attack is more tumultuous and rapid. The course of the disease is also very violent and rapid when the yellow tubercle predominates. It is, therefore, rather the seat and form of the deposit than its extent, which is the measure of the intensity of the symptoms. Serous effusion in the arachnoid and the ventricles is not near as common in tubercular meningitis as the other inflammatory products, lymph and pus; a fact upon which RILLIET places great stress in his summary of the pathological distinction between this disease and hydrocephalus, with which it was formerly confounded. This observation is, however, of no practical importance, for the acute forms of both diseases show no difference in their symptoms. It is obvious that a meningitis occurring under the influence of the scrofulous diathesis, will, in general, be more chronic and the symptoms less violent than a simple meningitis. The slow and insidious development of tubercular meningitis is so characteristic of the disease, that it may well create a doubt whether it ever occurs in the form of an acute

affection. HASSE remarks that "it is altogether a very remarkable disease, puzzling in its symptoms, and liable to be taken for acute hydrocephalus." Typhus in children can with difficulty be distinguished from tubercular meningitis, and the latter is not unfrequently mistaken for the so called gastric remittent fever, worm fever, difficult dentition, and deranged digestion. If it be further borne in mind that the numerous morbid influences during the tender age of infancy are apt to kindle the latency of the tubercular process with all its deceptive and wide range of symptoms, there will be no exaggeration in the assertion, that the diagnosis is one of the most perplexing tasks which a medical practitioner can encounter. Children under one year are less liable to this disease than older ones. It is worthy of remembrance, that very slight causes frequently produce in infants very violent symptoms, which are of an evanescent nature, and convulsions take the place of delirium, which is not always indicative of a grave disease. Between the second and the eighth year seem to be the period in which children are most liable to be attacked by tubercular meningitis.

Instead of attempting an exhaustive account of the successive stages of this disease, or a full descriptive picture of the various symptoms it may present, I have transcribed a few cases from my note book.

*Case I.* A female child eight months old, lively, and apparently healthy, occasionally vomits, and becomes fretful and disturbed at night. A slight cough sets in, which sometimes assumes a croupy and suffocative character. This induced its mother to administer an emetic and to send for me. When I saw the child for the first time (Nov. 25th,) I found it lying quietly in its cradle. The face was pale, eyes closed, no fever nor heat of head, tongue clean, pulse normal, respiration calm, bowels torpid.

Nov. 26th. The bowels had been freely moved the previous night by calomel, and the child enjoyed a few hours sleep. The eyes were open and the pupil natural. The paleness of the face was remarkable. The child would sometimes raise its left arm which it slowly drops with a tremulous movement.

Nov. 27th. The vomiting has ceased, but the child is unwilling to take the breast and moans at short intervals. The flesh feels soft and flabby; the cough has increased, but I notice no stridulous breathing.

Nov. 28th. Slept well last night and was roused, with some difficulty, to give it the medicine. The head is somewhat warmer than at my previous

visits; the eye-lids hang over the eye-balls; the color of the face has changed to a pale livid hue; cough trifling.

Nov. 29th. Nearly the same state of things; the moaning continues.

Nov. 30th. Lies motionless; pulse very slow and feeble; eyeballs are much sunken, and, on opening the lids are seen to be covered with shreds of mucus; hands clenched; the abdomen is flat.

Dec. 1st. Has not nursed since yesterday; frothy mucus gathers at the mouth; surface of body feels cool.

Dec. 2d. Sinking fast. Died the next morning.

Although the more marked symptoms of cerebral mischief were absent in this case, yet I gave a very unfavorable prognosis. The only interesting feature was the laryngismus stridulus at the commencement of the attack, which accords with similar observations made by WILLSHIRE.

*Case II.* On the 23d of October I was called to see a male child, 15 months old, who, according to the mother's statement, had wasted away within the last two weeks without her being able to account for it. It would often refuse the breast and had the habit of introducing its fingers into its mouth. It has some cough and the bowels act tardily. The father is troubled with hæmoptysis and cough. Several physical examinations of the child's respiratory organs were unsatisfactory. The only deviation noticed, was a diffused, fine rale in both lungs. The symptoms induced me to conclude that the child was affected with tuberculosis of the lungs. I ordered mild aperients, cod-liver oil, and the citrate of iron, and quinine. On subsequent visits I found less cough, but the wasting of the body still continued. On the morning of Nov. 9th, I was hastily summoned; was told that for the last few days the cough had almost ceased, but that the child became very restless, and had flushes of heat about the head and face, alternating with profuse sweats. During the previous night vomiting had taken place, which still persisted. The child looked very pale and its features had a pinched appearance. There was moderate fever but great thirst.

Nov. 10th. Vomiting still continues; the face becomes suddenly red, sometimes in blotches. On removing it from the cradle it is immediately attacked by decided muscular agitation, which seems to be the forerunner of convulsions. I am now convinced that the brain is seriously affected.

Nov. 11th. The child is much worse. Its head

feels very hot whilst the extremities are cool. The abdomen is retracted; slight attempts are made at vomiting; the eyes are firmly closed; it continually reaches with its hand to its head, and, at short intervals, utters piteous cries.

The next day chronic spasms set in, which were more marked on the left than on the right side. The eyes were wide open and had a fixed stare. This state of things lasted for the next four days, when death ensued on the night of the 15th.

This case, besides illustrating the hereditary tendency of tuberculosis, shows, also, that the deposit of tubercles in the brain had probably been preceded for a considerable length of time, by a similar deposit in the lungs.

*Case III.* I am now attending an infant, 13 months old, which for the past four weeks has presented the following set of symptoms, with hardly any variation except progressive wasting. There is persistent vomiting, although the child nurses well; the tongue is white and moist; the bowels are sluggish. Not the least febrile excitement has shown itself as yet, but the sleep is short and seldom. A continuous monotonous sighing, which hardly changes into a cry, is the most distressing symptom. There is slight strabismus, and the winking of the eyelids is sometimes strong and rapid, as though the palpebræ were affected with clonic spasms. About two years ago I attended a child somewhat older than this, in the same family, which succumbed under evident symptoms of tubercular meningitis. I am convinced that this case is of the same character.

*Case IV.* A scrofulous looking girl, six years old, was brought to my office. She had complained for some time of headache and loss of appetite. Cathartics had already been repeatedly given to relieve the costive state of the bowels. The tongue was slightly furred, and the thirst was somewhat urgent. But no sign of fever was present. The sleep was often disturbed at night by hallucinations. The latter symptom and the persistency of the headache in a child of her age, as well as several marks of the scrofulous taint, made me doubt whether the case was simply one of gastric derangement. She seemed to get apparently well, however, after taking some mild aperient and vegetable tonics. But the headache did not entirely leave her, and in a short time it increased to such a degree, especially over the forehead, that she was unable to leave her bed. The pain became so intense that she would, if permitted, have incessantly struck her forehead with her fist. Fever and vomiting shortly

set in. There was great sensibility to light, and noises could not be tolerated. Her sighing and moaning was distressing to hear. Repeated applications of leeches to the head, purging, and pediluvæ gave not the slightest relief. On the fourth day from the accession of the acute symptoms the delirium began to run very high. Respiration was disturbed by long drawn sighs and sobs. This was followed on the next day by general convulsions and paralysis, which lasted for nearly two days longer, when she died.

*Case V.* I was sent for to prescribe for a girl, 7½ years old, who had for some time past lost her usual good appetite and began to waste. She preferred to pass her time in-doors upon the lounge and seemed inclined to sleep continually. The only thing complained of was some vague pains over the abdomen. The tongue was coated, and there was also considerable diarrhoea of a bilious character. A careful examination of the condition of the girl revealed no organic lesion nor any other functional derangement except the gastro-intestinal. During the whole summer this case lingered on with slight occasional amendments of the symptoms. Cod-liver oil and the citrate of quinia and iron were ordered, but were not followed by any permanent improvement.

Late in the autumn she was suddenly attacked by vomiting and nausea; considerable fever, headache, and occasional delirium supervened. The pulse was frequent and irregular. A troublesome cough was present, which seemed to be of a spasmodic character. She would become frightened at the least noise and would stare about at some imaginary object. Other unfavorable symptoms soon made their appearance, which left no doubt upon my mind that the brain was involved. An eminent physician of this city, who was called in consultation, agreed with me, that it was a case of tubercular meningitis. The scene soon closed after general convulsions had set in, which were followed by paralysis of one side.

Both of these cases show the deceptive character of the disease, which in a large number of cases simulates a trivial gastric derangement. There is certainly no difficulty in recognizing the disease when it is marked at the outset by strabismus, staring of the eyes, double sight, unremitting headache, constant delirium, incessant vomiting, inveterate constipation, followed by convulsions, paralysis, and coma. The tongue in children is not a good criterion, except the negative one, that the digestive organs are not the primary seat of the disease. Neither is the



sudden occurrence of convulsions without accompanying fever of much diagnostic value. Gradual wasting of the body, the scrofulous or tuberculous diathesis in the child or some member of the family; sudden changes and alterations of the color of the face; partial or general tremor of the body on slight causes; the intermitting character of the set of symptoms; deceptive convalescence; sudden falling of the pulse; irregularity in the respiratory movements not in correspondence with the state of the circulation; loss of appetite in older children, which cannot well be accounted for; a retracted abdomen in the advanced stages; an irritable temper; long continued headache; unusual movements of the upper or lower extremities; the hydrocephalic cry—these are some of the symptoms, whether occurring singly or variously combined, which ought to direct the attention of the physician to the state of the nervous centres in children.

It need hardly be mentioned that the rate of mortality in this disease is fearfully high. If recovery takes place, it is very gradual. There are no critical discharges. The only favorable symptom noticed in a few cases was a sudden eruption on the head and face. A purulent discharge from the ear and of yellow serum from the nose preceded recovery in a few reported cases. Anasarca and oedema of the face and neck are said to be of favorable augury. TROUSSEAU makes use of the following language in his "Clinical Lectures:" "The older medical works contain published cases of cure. Since, however, the pathology and diagnosis of the disease have been more thoroughly cleared up, they are no longer met with. Nevertheless, convinced as I am of my own impotence, I cannot decide to remain absolutely inactive; although, taught by long experience, I know my efforts will be useless, I still try to contend with the disease. My intervention will at least have as its results, that I do not ruthlessly snatch away all hope from those who surround the sick child, but that I sustain their courage and do not leave to them the regret that I have done nothing to save him whom they confide to my care. But convinced also, that too energetic plans of treatment weary out more rapidly the source of life, I endeavor to do the least possible ill, since I am powerless to do actual good." These lines are as touching as they are true. WHYST, one of the older authors, gives one out of twenty, as the rate of recovery. FOTHERGILL knows of no recovery. ODIER thinks that perhaps two per cent. will recover. BUNNING reports twenty-eight cases, which all terminated fatally. WEST speaks of very few recover-

ies. There can hardly be a doubt that experience in private practice shows a similar rate of mortality, although the confirmation of the diagnosis by post-mortem examination is not often attainable. Tubercular meningitis is not the only disease in which the resources of therapeutics have remained far in the rear of our knowledge of its diagnosis and pathology. But we are now enabled to be more guarded in our prognosis when we meet certain symptoms in apparently trifling affections, which raise a suspicion of the probable presence of cerebral mischief.

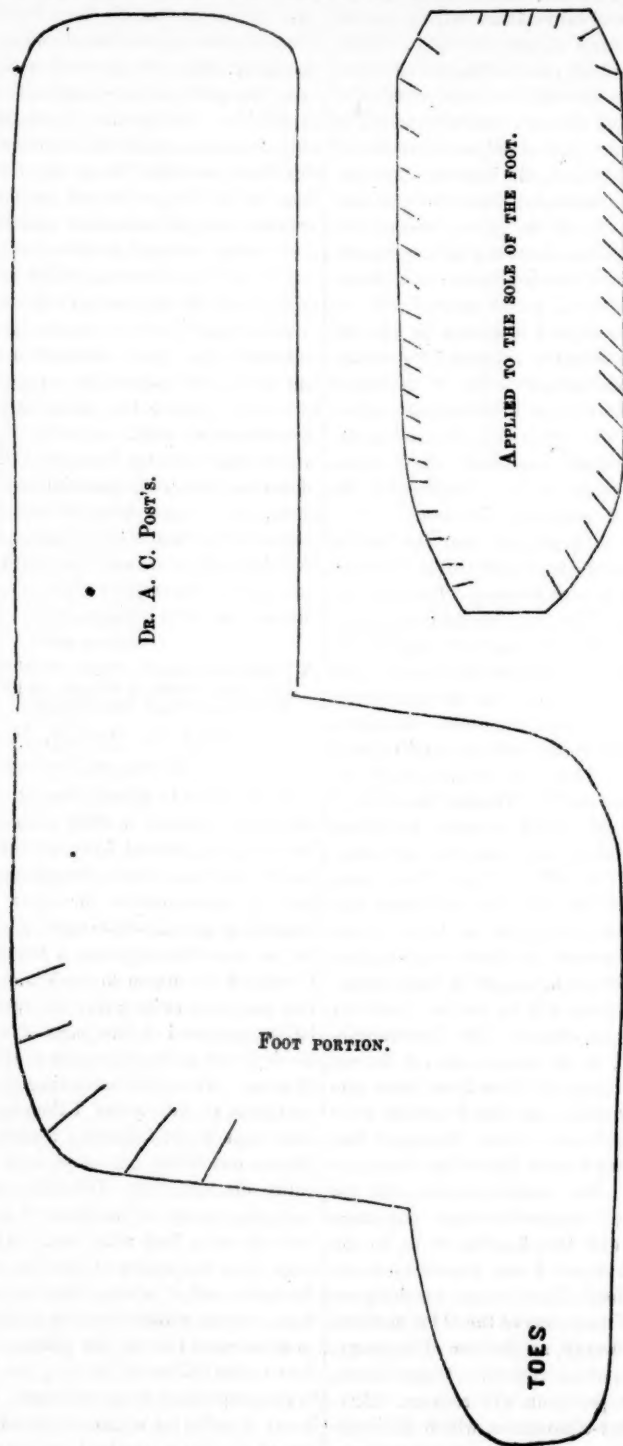
With regard to the treatment, it may be briefly remarked that local abstraction of blood from the head, and calomel in purgative doses, will sometimes relieve the most urgent symptoms. ABERCROMBIE speaks approvingly of frequent warm baths and cold douches to the head. Chloroform has been recommended to allay the convulsions, but I have seen two cases in which the patient sank immediately after its administration. Cod-liver oil, iron, and the iodide of potassium have proved themselves even less reliable than in tuberculosis of the lungs.

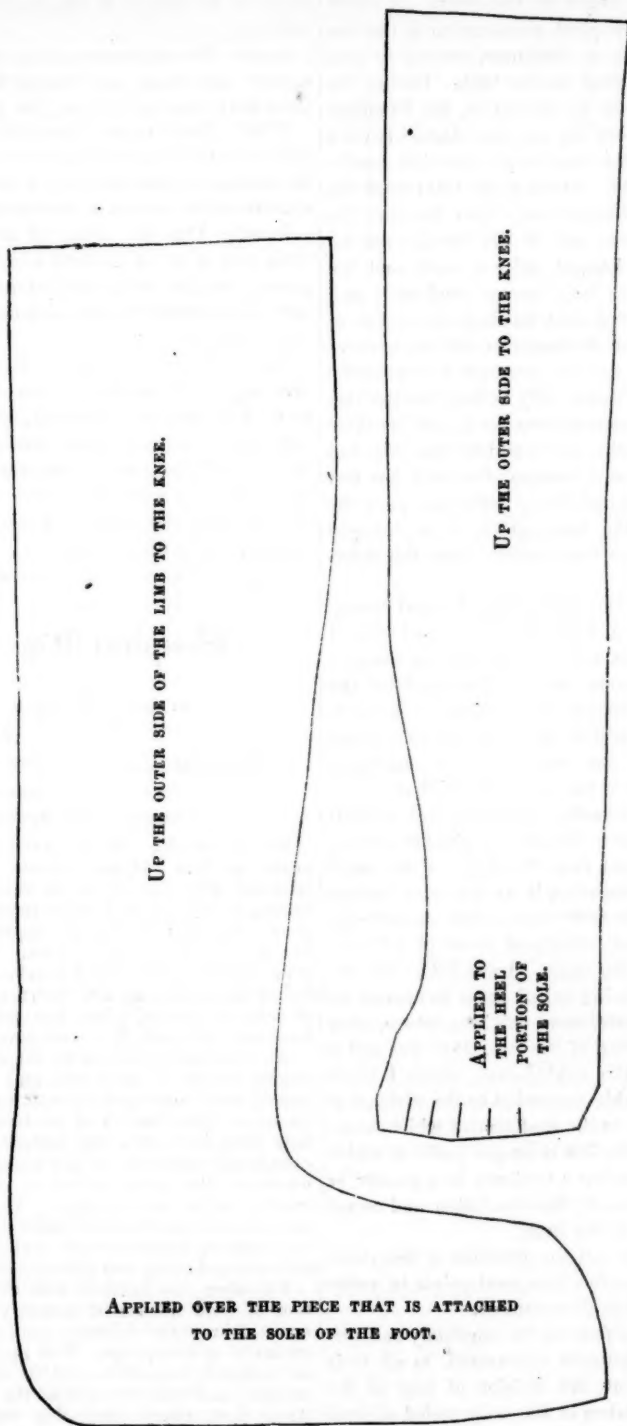
#### A NEW METHOD FOR THE TREATMENT OF TALIPES VARUS, WITHOUT DIVISION OF THE TENDON.

By J. N. QUIMBY, M. D.,

Of Jersey City, New Jersey.

I was called to attend Mrs. Q., Dec. 5th, 1864, who gave birth to a child with talipes varus of the most aggravated form, in both feet, and I resolved to try a method of treatment which I had had in contemplation for some time, viz., the stretching process by means of adhesive strips. So, as a preliminary step, a few days after birth, I ordered the nurse to wash and rub the child's feet and legs twice a day for two weeks, with a lotion composed of two parts of water to one of alcohol, and adding to a pint of this solution 3ss. of alum. After this hardening process had been continued for two weeks, I then applied the adhesive strips in the following manner: I used three pieces; one being cut so as to fit and cover the entire sole of the foot. This being applied, the second piece is cut in the form of a parallelogram, an inch and a half wide, and long enough to extend from the hollow of the foot to the knee, on the lower end of which, there is an expansion of three inches, which forms an angle of 80° or 90°, so as to extend from the plantar surface of the toes, to the hollow of the foot, the foot being held in proper position by an assistant. The third piece is cut of sufficient width to extend from the hollow of the foot to the heel, and extending up the





leg to the same height as the other. A roller bandage is then applied, commencing at the toes and extending up to the knees, serving to keep the plasters adherent to the limb. During the first two weeks of the treatment, the bandages were changed every day and the plasters twice a week, at the same time pretty thorough passive motion was made. During the third week the bandages were changed every other day, and the plasters only once; and in the fourth week the bandages were changed twice a week, and the plasters whenever they became slackened; and this manner of treatment was kept up for two or three weeks, when the improvement was so great that I found it was not necessary to remove the bandages and plasters only as they became displaced. The treatment was continued for three and a half months, since which time she has worn nothing but a common shoe, and her feet are perfectly restored, there being not even the turning in of the toes, which is so common with children who have suffered from this deformity.

Since treating the above case, I called the attention of Prof. A. C. Post to the method, and he having thought well of it, and having occasion to use it in his own practice, has modified the cutting of the adhesive strips, which I think, in most cases, is or will be an improvement over my own. He uses but one piece, cut something after the manner of his gutta percha shoe; so as to cover the entire surface of the foot with a small projecting tongue, to include the plantar surface of all the toes, and then forming a right angle with the strip, extending it up the outer surface of the leg as high as the knee; then he encircles the limb with an additional piece of adhesive strip just above the ankle. I was led to this experiment from being called upon to operate on two weak and scrofulous children, where, after complete restoration of the feet, there was and is a weakness of the ankle-joints, which I think may be attributable somewhat to the division of the tendon and to the confinement which is necessary to keep the foot in proper position, which from the pressure has a tendency in a greater or less degree to impede the circulation and retard the development of the limb.

I should like to call the attention of the medical profession to a few important points in reference to this method of treatment.

First: That the feet can be completely and perfectly restored, however aggravated, to all their functions, without the division of any of the tendons; when taken at the early period of from three to six weeks, and without even the turn-

ing in of the toes, as is the case with the present subject.

Second: The short space of time required for the perfect restoration, and that all the cumbersome shoes with steel splints, etc., are dispensed with.

Third: That it causes less suffering to the little patients, and is not so liable to cause irritation, ulceration, or sloughing of the integument, as is sometimes the case with other methods.

Fourth: That the utility of this treatment is such, that it is not confined to a few expert surgeons; but that every medical man, however remote, in his rural practice, may use it with benefit to his patients.

Fifth: I think it has a decided advantage over any other method of treatment with children of a strumous cachexia, as it does not in any way confine or retard the development of the foot and limb, and is therefore less liable to be followed by weakness of the ankle-joint, and that the child can stand upon its feet, if it be old enough, while under treatment, thereby allowing nature to assist in its restoration.

## Hospital Reports.

JEFFERSON MEDICAL COLLEGE, }  
December 19, 1866. }

SURGICAL CLINIC OF PROF. GROSS.

Reported by Dr. Napheys.

Constitutional Syphilis.

Mrs. C., æt. 32. She has been married for five years, but has had no children. She has been troubled with her throat for two weeks. Swallowing is difficult, and fluids return through the nose. No pain during the daytime. At night her sleep is disturbed by pain. Appetite poor; very susceptible to cold; hands and feet cold; losing strength, but not flesh; no enlargement of cervical glands. She has pain in the left knee and tibia, which is most severe at night.

An examination of the throat showed that the tonsils, arches of the palate, and uvula were inflamed, and that upon the soft palate there was an ulcer, three-fourths of an inch in length by four lines in width, the surface of which was completely encrusted with a plastic lymph. No ulcers on the inner surface of the cheeks. No trouble in her nose or eyes. About three years ago she had an eruption under her arms. This is a case of constitutional syphilis, though she denies ever having had primary sores or buboes.

The ulcer was touched with the official solution of acid nitrate of mercury, diluted with about four parts of water, applied carefully by means of a wet sponge. This application should be repeated to-morrow, and in the same careful manner, and with the acid of the same strength. After that, every other day will be frequent enough. The probability is that two or three



more applications of this kind will be sufficient to provoke the granulating process. The ulcer is the seat of an amount of inflammation altogether incompatible with the reparative process; the object of the treatment is to reduce the inflammation and bring it within certain limits. For this purpose the nitrate of silver, nitric or hydrochloric acid, and sulphate of copper are excellent remedies, but the very best is the one just employed. When there is a tendency to slough or phagedenic action, it should be used in its pure state.

It will be well for this woman to make use of a weak solution of vinegar and water well saturated with honey. She was ordered five grains of the iodide of potassium with one-tenth of a grain of bi-chloride of mercury, and a little of the muriatic tincture of iron three times a day. In the course probably of four or five days, the nocturnal pains in the palate, knee, and tibia will have disappeared, and the appetite improved.

#### Syphilitic Iritis and Ulceration.

Mary Ann H., æt. 40, married; had six children, only three living, youngest ten years; never had miscarriage or abortion. She has ten ulcers in all on the inner and outer side of the leg, all of rounded shape. No ulceration upon upper extremities or trunk. These ulcers have been present at times for two years, healing and breaking out again. The sclerotic coat and iris of the left eye are also inflamed; the pupil is contracted to a marked degree, while that of the right eye is dilated. The eye has been sore for two years. There is an eruption on the forehead, of a scaly character, and there has been falling of the hair, not amounting to alopecia. She has lost flesh and strength. There has been no affection of the throat or nose.

This patient has syphilitic ulceration and iritis. In an ordinary case of ulceration of the extremities there will be one, or at most two or three ulcers, but here there are a number of them occupying the skin and extending down perhaps into the cellular tissue. The aggravation of all the symptoms stamp the specific character of the case.

She was ordered the ointment of the nitrate of mercury, 3j. to 3vj. of simple cerate, to be applied upon a piece of course patent lint on each ulcer, the dressing being renewed twice in the twenty-four hours. The bowels should be kept in a soluble condition by taking five grains of blue mass occasionally at bedtime. She was placed on the use of iodide of potassium, bi-chloride of mercury, and muriatic tincture of iron, with a glass of ale or milk punch several times a day.

#### Mammary Scirrhus.

Mrs. S., æt. 45. She has three children living, the youngest nine years of age. A lump first made its appearance in the right breast about two years ago, which has been gradually increasing. It is the seat of occasional stinging pain, occurring oftener in the daytime than at night. The nipple is retracted, and there is a gutter between it and the surrounding skin. The breast is heavier than it would be if it were perfectly sound. There is great hardness at the point

where the disease takes its rise, and general diffused induration, involving the greater portion of the gland. There is unusual fullness along the anterior border of the great pectoral muscle, but no distinct enlargement or hardness of the lymphatic glands of the axilla can be detected. Appetite good, sleeps well. Her catamenia ceased three years ago last March.

This is a case of scirrhus of the mammary gland, and is a good one for the excision of the affected gland. There is no treatment for this disease, excepting palliation and the operation for removal.

#### Lithotomy.

Wm. B., æt. 8 years. This boy was sounded at the last clinic, and a stone detected in the bladder. He is a native of Philadelphia, of Irish parentage.

He has retained his water this morning for at least three hours, the end of the penis being tied up. The sound, previously warmed, was introduced into the bladder, when it was found that the stone had slid behind the pubes, where it could not be reached. Water was injected into the bladder, by means of which it was brought down. In the old subject, laboring under an enlargement of the prostate gland, the stone will sometimes fall into the bas fond of the bladder, requiring the introduction of the finger into the rectum to effect dislodgment.

The lateral operation was performed after the patient had been placed under the influence of chloroform. Both the external and internal openings were made small. The membranous portion of the urethra was laid open to an extent sufficient to receive the point of the left index finger, and then the parts were lacerated or dilated sufficiently to allow of the introduction of the forceps into the bladder. The calculus removed was very rough, the surface covered with spines, and resembling a mulberry calculus, except in color.

The great point in this operation is not to make the wound as large as is usually done by operators and as is described in the books. It is an exceedingly simple operative procedure, all that is necessary for its successful performance is to have a thorough knowledge of the anatomy of the parts and sufficient confidence. It is preferable in young subjects, after having made a sufficient opening in the membranous portion of the urethra, to permit of the nail being placed in contact with the staff, to lacerate the parts with the finger and thus guard against urinary infiltration, which is an exceedingly uncommon occurrence after the operation, even when not performed very well.

#### Lithectomy

Means the operation of lithotomy in conjunction with dilatation. It was first broached by MANZONI, of Verona, in the early part of the present century. It is usually claimed by British writers, but unjustly. MANZONI proposed to perform the operation at the middle line, a short distance above the verge of the anus, making the incision along the raphe of the perineum as far as the groove of the staff, and then carrying the instrument a little further on toward the bladder, when the finger is inserted to make

the requisite degree of dilatation. It has been performed in comparatively recent times, by Dr. De Borsà, another Italian surgeon.

There is an operation now performed very much by British surgeons, devised by Mr. ALLERTON of London, and usually known by his name. It is essentially lithectasy, or the operation of cutting and dilatation, suggested by MANZONI and executed by DE BORSÀ. It consists in introducing an ordinary curved staff with central groove into the bladder, making an incision along the raphe of the perineum, commencing one half an inch above the verge of the anus and carrying the instrument in some considerable distance, with the edge of the knife toward the scrotum. As soon as the instrument reaches the groove of the staff, the membranous portion of the urethra is divided to an extent sufficient to allow of the introduction of a long probe armed with a bulb into the bladder along the groove of the staff, which is in the next place withdrawn. Then instead of using the knife, the finger of the operator is passed along the probe, and the requisite degree of dilatation effected. If the parts are resistant, an india rubber stall is used to effect the dilatation required, but generally speaking, the finger is quite sufficient for the purpose. This operation is applicable chiefly to young subjects, or to middle aged persons having a small calculus. It is a very simple procedure, and usually effective. Prof. Gross, in fact, performed this operation in the present case, although instead of making the incision in the middle line, he made it in the direction pursued in the performance of the lateral method.

The operation of CHESLDEN is one of the most beautiful in all surgery. Prof. Gross has never met with a stone so large that it could not be extracted by the lateral operation. Should extraction be impracticable, then the expedient originally suggested by Mr. LISTON, of London, may be resorted to. It consists in dividing the right lobe of the prostate with a probe-pointed bistoury, which gives as large a space as that afforded by the bilateral operation.

There is no hæmorrhage demanding attention in this case. Occasionally it is necessary to tie an artery. The transverse perineal artery may be so large as to require ligation, or perhaps the superficial perineal. Sometimes the pudic artery is divided. Dr. PHYSICK, in performing his first operation, on account of the gorget being too broad, or too much lateralized, divided the pudic artery and had great trouble in applying a ligature. He therefore devised the instrument known as PHYSICK'S forceps, which is used for the purpose of taking up deep-seated arteries. When the case is of long standing, and especially in old subjects, there is frequently a varicose condition of the prostate veins. When this is the case, most violent, even fatal hæmorrhage may result from the division of some of these vessels. Sometimes the blood issues from numerous points, and such a hæmorrhage is always exceedingly annoying. Under such circumstances, the exposure of the parts to cold air, the application of ice or ice-water, will frequently act as a hæmostatic. If this be not the case, the only resource is plug-

ging the wound, which is to be avoided if possible, as it interferes with cicatrization.

The catheter is not introduced into the bladder, as is the custom of some after such an operation, as there is no necessity for doing so. In the course of three or four hours, the urine will pass off by the wound. In the meantime, the wound will be filled with clots of blood, which will resist the egress of the urine until its accumulation stimulates the bladder to contract and forcibly expel its contents. The water will pass off in this manner for thirty-six or forty-eight hours, and then it will make its way by the urethra in consequence of the swelling of the parts. At the end of twelve hours, it will again pass through the wound in the perineum, and continue to do so until cicatrization has taken place, at a period varying from eighteen to twenty or twenty-five days. Cleanliness must be carefully observed in the after treatment. The boy will be carried back to bed and placed on a draw sheet, which should lie immediately under the breech, and be put also on a piece of soft oil-cloth to protect the bed. The bowels will be locked up for at least three days after the operation. Then a little castor oil, citrate of magnesia, rochelle salts, or an enema may be administered. Sometimes it is found necessary to give a laxative at an earlier period, seldom, however. In one case, operated on at the clinic this winter, the bowels were locked up eight or nine days. The diet ought to be antiphlogistic for the first few days, afterward nutritious. The boy was given fifteen drops of laudanum at once. A quarter of a grain of morphia will be administered to night.

#### SURGICAL DEPARTMENT OF PHILADELPHIA DENTAL COLLEGE.

CLINIC OF J. E. GARRETSON, M. D.,

Reported by H. L. Gilmour.

##### Removal of Tumors.—Local Anæsthesia.

At a previous clinic, gentlemen, I suggested that I would avail myself of the earliest opportunity to exhibit, in connection with surgical operations, the spray-producer of Dr. RICHARDSON, of England, expressing myself, as you will recall, as being much impressed with the anæsthetic qualities of the application, as applied to cases for which it seems adapted.

Before you, I have the pleasure to bring this afternoon three of my private patients, who are kind enough to allow, for your instruction, certain operations which they require, to be performed in your presence.

This lady has, as you see, a tumor situated in the parietal region of the scalp. It is very movable, and to the touch, very spongy and elastic. It is, what I have no doubt you all recognize as a wen, or sebaceous tumor. A sebaceous tumor is about the most simple and harmless form of pathological condition. The duct of a sebaceous gland becomes, by some accident or other, obliterated, or closed up. The gland, maintaining its integrity, continues, of course, its work of secretion; but there being no duct of egress, this secretion accumulates, from necessity, back of the structure, and to accommodate itself, enlarges

or expands the containing duct. The absorption of the more fluid portion of the secretion gives, of course, a solid or semi-solid mass; hence the tumor becomes elastic to the touch. As such tumors increase in size, they of necessity intrude upon the gland proper; and thus finally the secreting agent is spread out as a cyst or sac around the tumor; hence the recognized fact, that to cure these tumors you must dissect out the sac.

Here is a second tumor; it is of the same character as the first, but situated on the forehead. These tumors are almost as frequently multiple as single. I have seen a scalp literally covered with them; and you will find them from the size of a pea to that of the largest apple.

Here is another patient, with a similar class of growth, directly over the sagittal suture. To get at these tumors, it is not necessary to destroy any considerable portion of the patient's hair. It is enough, as I have proven with sufficient frequency, simply to part the hair over the middle of the growth, and with the scissors, clip away that alone which would interfere with the incisions. If the tumor has so expanded the scalp as to make necessary the removal of an ellipse, then, of course, it will be necessary to remove all the hair that may cover this ellipse; but if, on the contrary, the tumor may not exceed in size an ordinary walnut, the incision may be a simple one, and only a line of hair need be removed.

I will now remove just as much hair as I deem necessary. I now take from either side of my proposed line of incision, three strands of hair, and wax them, and carefully lay them down on the sides of the head; these strands are to be the ligatures by which, after the removal of the cyst, I close the wound. I am now ready to apply the spray. The application of the spray of ether first suggested itself to Dr. RICHARDSON, of London, and the apparatus I hold in my hand was devised by him for the purpose of producing such spray. The principle on which this spray acts, is the principle which makes the lobes of your ears without feeling, when subjected to great and continued cold. It is really a process of freezing, but unlike the freezing by atmospheric cold, it is not liable to be followed by injurious reaction; at least I have myself used the agent in quite a number of cases, and without any very special care, and I have yet seen no trouble from such reaction. Dr. RICHARDSON uses ether for his spray. Rhigolene, a fluid of less specific gravity, is highly commended by some; my experience with it does not permit my joining in such commendation; it has not, in my hands, produced the insensibility of ether. Here is a bottle of rhigolene; if I clasp my hands about the flask, the fluid will boil. It boils at 70° Fahrenheit.

The operator should not, himself, spray a part; it makes his hand shaky. You throw the spray until the skin begins to blanch; it is then ready for the knife; and the spray should continue to be thrown so long as the operation continues.

I will remove one of these tumors, by passing the knife directly through it, thus dividing the cyst and contents into two parts; the sac is thus made very apparent, and is easily dissected from the integuments.

The other two I will remove by making in-

cisions from the skin down to the sac, and thus enucleate them, about as one takes a walnut from its enveloping hull.

The three tumors were here sprayed, one after the other, and operations performed as described. Neither of the patients made the slightest complaint of pain. One, a man, said that he certainly felt it, but it felt, as he supposed it would feel to have one's boot cut from his foot.

Here, continued Dr. GARRETSON, is a lady, having a tumor upon the back of her neck, quite, as you see, the size of an ordinary orange. I think this will turn out to be a fatty tumor, it might be some other kind of growth, a fibrous tumor for instance, or even scirrhus, as signification is ordinarily attached to that word. A fatty tumor means simply a hypertrophy of the adipose deposit; it is always, however, a more or less distinctly defined tumor, and commonly has about it something which looks like an attempt at a cyst; indeed, I am sure I have seen these hypertrophies completely encysted. The removal of this tumor I will effect on the same principle as just employed, that is, I will cut down to the growth, dissect off its cover of integuments, and then securing control of the mass by passing a loop of twine through it, raise and dissect it from its bed; it will take some little time to do this, and the dissection will be considerable, so thus it affords a very fair test of what ether spray is worth.

The neck was now sprayed and the dissection commenced, the spray being made to follow the knife; attachment had formed to the trapezii muscles, thus even unexpectedly prolonging the operation. The patient, a lady, made no complaint, and did not seem to suffer any pain. Considerable venous hemorrhage attended the operation, which, it was remarked, would have been much more considerable but for the use of the spray. The growth proved to be fatty and was surrounded by a very imperfect cyst. The hemorrhage was entirely checked with alum water, and the wound, after being left open to glaze, was overlain by the integuments.

In closing wounds, the lecturer continued, made as these have been, the surgeon always aims after the most direct union. If I lay these flaps back into place nicely and kindly, approximating them, and supporting the approximation; and, if I keep down all circulatory excitement, I will secure, with the least effort on the part of nature, a complete reunion; that is to say, that this glaze, which means a slight effusion of lymph, and which covers all parts of the wound, will intermix, as it were, will quickly organize and thus restore harmony of relationship; this is called securing union by first intention. Union by second intention, is the same thing prolonged. Where wounds are of such character that the parts cannot, or may not be brought thus closely in apposition, they cure themselves by a process of granulation; that is, layer after layer of lymph is thrown out, which organizes little by little, until finally the gap is filled up. In this mode of healing we have more or less suppuration, which means, that part of the lymph degenerates, or that, to express it differently, the pus is absorptions of granulations. Thus, whether a wound,



having to unite by second intention heals rapidly, or with difficulty, depends altogether upon constitutional conditions, that is to say, if the local condition has proper treatment. To heal this wound I first carefully bring the edges together, not tightly, but indeed very loosely. I now take these, two little compresses, which extend in width from the circumference to near the centre of the wound; these I soak in cold water and lay upon either side of the centre; their office is to hold the flaps firmly in place, and they press just a little harder about the circumference than at the centre, for it is at the circumference that we want our most immediate union. You will at once perceive that it would not be good practice to consider alone the union of the lips of the wound, for should pus form under the flaps, at any part, the closed edges would have, of necessity, to be reopened. So it should always be the rule to unite from the circumference toward the centre. Now, it is said, that the use of the spray tends to make sloughs, and thus interferes with any immediate union. This has not been my experience, and I can only therefore, infer, that the parts so sloughing must have been oversprayed, and thus disorganized. We will direct that the seat of these different operations be kept wet with lead water and laudanum; in a week you shall see the result.

These cases were exhibited at an after clinic, and the most perfect union had been obtained in all of them by first intention, none of them making a single drop of pus.

## EDITORIAL DEPARTMENT.

### Periscope.

#### Ovariectomy; Silver Sutures.

Dr. J. MARION SIMS relates in the *British Medical Journal* a case of successful ovariectomy in which the pedicle was secured by silver wire, after the failure of the actual cautery to arrest the hæmorrhage.

The tumor had been attached to the right broad ligament. The pedicle was short and broad. When spread out in the clamp, it measured four and a half inches in width. Its veins were large and tortuous. It was severed by the actual cautery, according to the plan of Mr. BAKER BROWN.

On removing the clamp, blood began to ooze from the end of the line of cauterization furthest from the fundus uteri. The bleeding seemed to be chiefly from the open mouths of the large veins. An inch of tissue, including the veins, was encircled in a loop of silver wire, which was drawn tightly, twisted firmly, and cut off close to the twist. The mere mechanical manipulation of doing this unfortunately tore open the whole extent of the line of cauterization and blood oozed out from every part of it. To secure this long line (nearly four inches) of bleeding surface, it was necessary to introduce five other loops, embracing as many segments of the bleeding pedicle, each of which was twisted separately

and cut off close, as before described. The uterine artery spouted furiously and required a special ligature. After the bleeding was wholly controlled, the pelvic and abdominal cavities were thoroughly cleared of the fluid that unavoidably escaped into them, and the external incision was closed by a continuous suture of silver wire. The whole of the peritoneal membrane, whether lining the walls of the abdomen or investing the intestines, was deeply congested and had a red granular appearance. The tumor had no adhesions, and no unusual amount of serum in the peritoneal cavity.

Convalescence was rapid. The internal wound healed perfectly by first intention. The silver sutures were removed on the tenth day after the operation. She sat up and walked across the room on the eleventh day, and on the twenty-second day she returned to her house perfectly well. The solid part of the tumor, removed *en masse*, weighed eleven pounds, and the fluid thirty-two pounds.

Dr. SIMS, in his remarks on this case, strongly urges the claims of silver wire in securing the pedicle in cases where the actual cautery process of BAKER BROWN does not succeed in arresting the bleeding entirely. The advantage and safety of the silver wire consists in its not exciting suppuration like other ligatures and becoming readily encysted, causing no trouble. This is illustrated by some cases which he relates.

Dr. NÉLATON performed the operation for ovariectomy in Paris in May, 1864, and allowed Dr. SIMS to secure the pedicle with silver wire. It was transfixed by a double wire, which was cut in two, and each half was twisted tightly on opposite sides of the pedicle. This was then cut off near the ligature and returned into the cavity of the abdomen, and the external wound closed by silver sutures. The patient died on the fifth day from blood-poisoning from peritoneal exudation. The post-mortem examination showed the metallic ligatures entirely imbedded in the tissue of the pedicle, and so perfectly acculturated that it was necessary to cut into its structure to find them. The wire had cut into the tissue, and this had healed behind its track. This process is further illustrated by the following case:

In 1850, by means of a silver wire, Dr. SIMS made the effort to strangulate a warty excrescence on the cheek. It was of the size of the end of the little finger and projected at least half an inch above the surface. On tightening the wire at its base, the top became of a deep purple color, showing that its circulation was momentarily arrested. But the next morning the excrescence showed its original color, without the least sign of a disorganizing process; its circulation was going on as vigorously as before the application of the wire. On a minute examination, it was found that the wire had cut a bed for itself entirely around the structure embraced, and that the tissue so cut had overlapped the wire and healed over it, thus encasing or sacculating it completely, and this in the short space of twenty hours.

In another case the silver wire was applied to a hæmorrhoidal tumor with the expectation of strangulating it. The strangulation was only



momentary. The same process of cicatrization and sacculation around the wire took place as in the former case. The experience gained by these two observations led to the idea of applying this wire to the pedicle in ovariectomy, and of explaining its probable action, which has been verified by the post-mortem examination in NÉLATON'S case.

#### Colliquative Sweating.

M. VIGNARD of Nantes recommends the following decoction of sage as a remedy for profuse sweating. Take of chopped sage leaves, a large pinch; of water, six fluid-ounces. Boil the sage for a minute or two in the water; let it stand to cool, then filter and sweeten to taste. The perspiration ceased whenever the decoction was taken, but reappeared when it was omitted. M. VIGNARD suggests the use of this remedy in the colliquative sweating of phthisis. (*Journal de Médecine de Nantes.*)

## Reviews and Book Notices.

**Injuries of the Spine. With an Analysis of Nearly Four Hundred Cases.** By JOHN ASHHURST, JR., A. M., M. D., Fellow of the College of Physicians of Philadelphia; Surgeon to the Episcopal Hospital of Philadelphia; late Executive Officer to Cuyler U. S. A. General Hospital, etc. Philadelphia: J. B. LIPPINCOTT & Co. 1867. 12mo., pp. 127. Price, \$1.25.

As Dr. ASHHURST observes in his introductory pages, the spine has received less than its share of attention from surgeons; notwithstanding the interest aroused by the controversy between Sir CHARLES BELL and Sir ASTLEY COOPER, about trephining and resection, early in this century. Spinal injuries must be comparatively rare, as the Pennsylvania Hospital records show only eight cases of fractured spine, and one of dislocation in ten years (ending 1839); and in fourteen years since, only twenty-four cases of spinal injury occurred in a total of nearly four thousand cases. Their importance, however, is manifest.

This volume contains a very good condensed account of the symptomatology and treatment of dislocations, fractures, and concussions of the vertebral column. Dr. ASHHURST urges the following conclusions.

"1. Injuries of the spine are not nearly so fatal as is generally supposed, and they have been, not unfrequently, completely recovered from.

"2. By watching carefully the symptoms, and knowing the lesions which they indicate, the patient's progress toward health or death can be pretty accurately foreseen in most cases.

"3. Whenever there is reason to believe that one or more vertebrae have been displaced, extension should be employed; temporary, if that be sufficient; if not, continuous.

"4. In no case do resection or trephining offer a reasonable prospect of improving the patient's condition, but on the contrary, there is reason to fear that they would increase the chances of a fatal termination.

"5. Those cases of spinal injury which are not adapted for the employment of extension, should be treated in accordance with ordinary rational and physiological principles.

"6. No new mode of treatment is entitled to adoption in a class of injuries so serious as this, unless it can be shown by clinical experience that it is at any rate not less successful than the modes commended to us alike by reason and long experience."

The Appendix of Cases, three hundred and sixty-eight in number, carefully tabulated, with their results, and the authority for each case, is of great interest and value. These tables alone occupy more than fifty pages of Dr. ASHHURST'S volume, and they do credit to his research.

This is, in exterior appearance, another of the elegant duodecimos of which, since "HARTSHORNE on Glycerin" set the fashion, LIPPINCOTT & Co. have issued so many. No book on a scientific subject reads any the worse for being printed upon tinted paper, or for having an ornamental cover.

**Inhalations in the Treatment of Diseases of the Respiratory Passages, Particularly as Effected by the Use of Atomized Fluids.** By J. M. DA COSTA, M. D., Physician to the Pennsylvania Hospital; President of the Pathological Society of Philadelphia, etc. etc. Philadelphia: J. B. LIPPINCOTT & Co. 1867. 12mo., pp. 86. Price, \$1.25.

Having noticed the reprint of this essay from the *New York Medical Journal* when it first appeared, we are glad to receive it now in a more attractive and becoming dress. It has been, with its author's usual industry, somewhat improved, though without essential alteration. The excellent illustrations, giving views of apparatus and its use, make, with the lucidity of style and fulness of statements of the work, an entirely intelligible account of the whole subject. We have no doubt that it will be a very popular manual.

— **SOLUBLE GLASS BANDAGES.** M. VELPEAU calls attention to the bandages of silicate of potash or soluble glass, which advantageously replaces albumen, starch, dextrin, papier maché, plaster of Paris, etc. The most valuable property of the bandage of soluble glass is that of promptly drying in two or three hours, and of easily becoming soft with water.

## Medical and Surgical Reporter.

S. W. BUTLER, M.D., *Editor and Proprietor.*

PHILADELPHIA, MARCH 16, 1867.

### AMERICAN MEDICAL ASSOCIATION.

This body meets in Cincinnati on the 7th of May. A large attendance is anticipated, as, besides the organizations that have heretofore been represented, many new state and county medical societies have been formed, and others, which had been suspended in consequence of our national troubles have been revived. These, it is hoped, will all be represented. If so, our Cincinnati friends may expect about five to six hundred representatives of the medical profession of America to claim her hospitality for two or three days during the first week in May.

We trust that the Committee of Arrangements will be able to induce the various railway companies throughout the country to pass delegates and members at *half-fare* over their several roads—not simply to give return tickets, thus compelling the holder to return by the same route he went, and depriving him of the opportunity of passing through the country by two different routes. Let this matter be attended to early and published in the journals, and let it be known what roads are illiberal, either by refusing commutation at all, or by only giving return tickets. If the companies will commute at all, it can be of no consequence to them whether they allow half-fare or return tickets, while it may be of some importance to the traveller.

A number of Committees are expected to report upon important subjects, and it is to be hoped, that they will be ready with well-digested, *brief* reports, or, if their reports are necessarily long, with abstracts of them, so as not to occupy the time of the Association with long papers to the exclusion of other important business.

A word to our Cincinnati friends. "Let your moderation be known to all men." Make the most ample provision for an intellectual feast—and if you must "feed" the Association, do it in a moderate, substantial, *sensible* manner, as becomes men of science. **ESCHEW INTOXICATING DRINKS ALTOGETHER.** Let them not be once named among you. If any medical man wishes to make a beast of himself—for Heaven's sake do not disgrace the whole profession of America to accommodate him, but let him go to a tavern among his congeners, and wallow to his heart's content. It is an insult to the profession of medicine to

have its meetings disgraced by the presence of men who have no respect for themselves or the honorable company they are in. Do not compel the decent members of the profession to appear to countenance those who are mere hangers on to its meetings for the opportunities they afford them to indulge in their bibulous propensities.

### DENTAL TEACHING IN PHILADELPHIA.

This city has become the great centre of dental, as she has long been of medical teaching in this country. The growth of this educational interest has been very rapid during the past five years, the number of students having quadrupled in that time. We congratulate the public on the increased attention given to dental education. Dentistry, being really a specialty of the general science of medicine, should have received more attention than it has done, for notwithstanding the large number of dentists who find employment in our cities and larger towns, comparatively few of them have had any proper training for their important duties, even up to this time. But we are glad to say that the prospect is better for the future. Increased attention is being given to dental teaching, and it will not be long before a dentist, who is not a graduate of a College having the proper qualifications to grant a diploma, will be as much of an anomaly, as a respectable medical man without a degree is now.

Our dental Colleges have full faculties, who give instruction in all the departments of anatomy, physiology, pathology, chemistry, operative surgery, mechanics, and other branches, so far as they bear on the practice of the dental art. They also give demonstrative instruction, not only in the mechanical department of the art, but in surgical operations on the mouth, as the admirable clinics of Dr. JAMES E. GARRETSON, in the Philadelphia Dental College, reported in this journal, amply testify. By the way, we notice that the institution just named, has recently imported one of the finest series of models of the nervous and circulatory systems of man and the lower animals, to be found in this country. At the commencements of the Pennsylvania and Philadelphia Dental Colleges, held during the last week of February, there were over sixty graduates, the number being nearly equally divided between them. There were nearly two hundred students in the two Colleges during the session just closed, and these came from every part of the world.

We are glad to notice that some of our liberally disposed citizens are doing all they can to foster dental education in this city. This is shown in

the ample provision made for teaching, and in the whole management of the two colleges, and we may say, in the kindly feeling shown by the two faculties toward each other, and the friendly emulation between them. It also had a very pleasant exhibition on the evening of the 27th of February, in a magnificent entertainment given at National Hall by our public-spirited fellow citizen, SAMUEL S. WHITE, Esq., to the faculties and students of both the dental Colleges, and numerous invited guests. This was one of the finest entertainments ever given in this city. There were four or five hundred guests present, for whom the most ample provision was made. One thing, we were glad to see, was *not* provided. Not a drop of intoxicating liquor was furnished, while there was plenty of excellent coffee, lemonade, and soda water. We believe we speak the sentiments of nine-tenths of those present, when we say that this feature of the entertainment gave the highest satisfaction. There were no "toasts" drunk, but sentiments were responded to by several speakers, among whom were his Honor the Mayor of the city, and BISHOP SIMPSON. Such a reunion is calculated to promote harmony, and to advance the interests of dental teaching greatly.

An entertainment was also given, two evenings subsequently, to the faculty, students, and friends of the Philadelphia Dental College, by Dr. WARDLE, one of the faculty. It was given at the College, and was an elegant affair, and was also free from the curse of spirituous liquors.

Every thing indicates the continued prosperity of dental teaching in this city.

## Notes and Comments.

### Enlargement.

Advertisers having at last learned, that if they wish to reach the medical profession of the United States, they must do it through the medium of the REPORTER, we have been compelled to add several pages to accommodate them. This enables us at the same time to increase the amount of reading matter. We are very glad of the opportunity of doing this, as we can hereby reduce the large stock of communications we have on hand, and which have been accumulating for some time.

We would urge correspondents to be as concise as possible in their communications. We do not care how many they send, only let them be short and to the point.

### A State Medical Society in West Virginia.

A circular has been issued to the medical men of West Virginia, inviting them to assemble at Fairmount, on the 10th of April next, for the purpose of organizing a State Medical Society. We trust that there will be a fair representation from all parts of the State on that occasion, and that a vigorous medical society will send a full representation from West Virginia to the American Medical Association at its meeting in Cincinnati in May next.

An intelligent English lady, who has had considerable experience as a traveller, offers her services as a travelling companion to parties going abroad this summer. Address the editor of this journal.

ERRATUM. A serious typographical error occurred last week in a prescription on page 188, which should read as follows:

R. Magnes. sulph.,	3j.
Morph. sulph.,	
Ant. et pot. tart.,	aa gr. iss.
Tinct. verat. viride,	f. 3 iss.
Sacchari albi,	3ij.
Aque,	f. 3 viij. M.

Sig. Tablespoonful every three hours.

## Correspondence.

### DOMESTIC.

#### Nutrition in Delirium Tremens.

EDITOR MEDICAL AND SURGICAL REPORTER:

A communication from Dr. ELLIOTT COUES, U. S. A., published in the REPORTER of Jan. 26th, induces me to offer a few remarks on the same subject—delirium tremens.

A great portion of the cases of this disease that come under the observation of army and navy surgeons are trivial and readily brought to a favorable termination, because for the most part, they are attended to in an early stage. Military practitioners have, however, very frequent opportunities to observe the disease in its grave forms, and some great advantages in treating it. My experience in the use of chloroform has been slight; I have tried it with benefit in a few cases, but in none of great severity.

I am convinced that the standard authorities upon the disease in question lay far too little stress upon the condition of the function of nutrition, and that practitioners are apt to pay too little attention to what I consider, in very many cases, the first indication—the substitution of true nutrition for alcoholic stimulation. I believe

that opium in large doses is highly dangerous to patients who are dying from inanition—from *starvation*. It is, nevertheless, the drug upon which I chiefly rely, and very grave cases will often terminate favorably under its use, with no other treatment.

In most of the cases that have come under my observation, after prolonged debauches, either little or no food has been taken for a number of days, or it has been at once rejected from the stomach; if taken and retained, digestion has become so far impaired that there has been but little, if any assimilation. If abstinence from food has not been carried too far; if the vital powers have not been too completely prostrated, the immediate administration of a sufficient dose of opium, to be repeated p. r. n., without any other remedial measure, may accomplish all that could be desired. For a number of years I have been in the habit, as a rule, of endeavoring to nourish my patients before giving opiates; and when there is reason to suppose that they have used alcoholic stimulants habitually, and whenever the continuance of such stimulants (as is often the case) is indicated, of combining them with their food. Teaspoonful doses of iced milk-punch or egg-nogg, alternated with even minute quantities of essence of beef, given at such intervals as not to provoke the irritability of the stomach, and increased according to their effect, will often of themselves produce a favorable change in symptoms in a few hours, and prepare the way for the safer administration of opium, the utility of which will be greatly enhanced by the nourishment that has been taken. Digestion is promoted in the stomach of the inebriate by the presence of a little alcohol, the injurious effects of which are much diminished by its combination with food. Of course, when there has been absolute disorganization of the apparatus of digestion, the treatment can do neither good nor harm.

I believe that many patients die comatose after taking large opiates, when it is difficult to decide that the remedy did not help the disease to a fatal termination. I believe that some lives may be saved by paying more attention to nutrition and trusting less to medication. I am sure that my success in dealing with this terrible malady has been greater of late than formerly.

Dr. E. COVES' statement, "that the real severity of the disease is by no means proportionate in every case to the violence of its manifestations," I can endorse. The condition of patients suffering from delirium tremens is such that complications are often of necessity overlooked. The

nervous turmoil frequently masks symptoms of grave disease existing concurrently, and it not infrequently happens that cases terminate fatally, which would not, but for the existence of such disease.

S. F. COVES,

Surgeon U. S. Navy.

U. S. Naval Hospital, Chelsea, Mass.

#### Treatment of Pneumonia.

EDITOR MEDICAL AND SURGICAL REPORTER:

In DUNGLISON'S *New Remedies* is a quotation made from an article of Dr. W. M. BOLING, of Alabama, published in 1842, testifying to the antiphlogistic properties of quinine. He said, "As an antiphlogistic remedy in elevated and healthy locations, it will probably never supersede the lancet, antimonials, etc., though it may in many cases be brought to their aid; but in malarious regions, ere long, it will generally be looked upon as the safest and most manageable contra-stimulant we possess, and at the same time one sufficiently powerful, while other agents of the same class will only be used to fulfill some casual indication or as adjuvants to this the powerful remedy."

This prediction has been partially realized, at least the lancet having gone into disuse, and the antimonials no longer retain their former popularity, while quinia is used to an extent and in a variety of cases unthought of then.

But notwithstanding these remarks have been incorporated in a standard work, and circulated throughout the length and breadth of the country for the past twenty-four years, their practical utility, in my opinion, is not understood or appreciated by many respectable practitioners, and it is the design of the present article to call attention to the antiphlogistic properties of quinia and DOVER'S powder, as displayed in the treatment of pneumonia.

It seems to me that we could scarcely desire, much less expect a better combination in the treatment of this disease than we have in quinia and DOVER'S powder.

In the beginning, a brisk cathartic, sponging the surface with warm water, and if the inflammatory symptoms run high, an emetic, are useful adjuvants, abating the fever and preparing the system for the administration of the quinia and DOVER'S powder, of which we usually give to an adult two grains of the former with five grains of the latter every four hours, and on the intermediate two hours a teaspoonful of a mixture composed of equal parts of wine of ipecac., comp. syrup of squills, and camph. tinct. of opium. In every stage, however rusty the sputa, or however



prostrate the system, we give quinia and DOVER'S powder with as much hope of subduing the disease as we would in remittent fever.

F. A. SIMMONS, M. D.

Rochester, Mo., Feb. 20, 1867.

#### Springfield Society for Medical Improvement.

EDITOR MEDICAL AND SURGICAL REPORTER:

The above is the name of a Society which has recently been organized in Springfield, Massachusetts, in accordance with the general statutes made and provided, and which, in the main, patterns after a similar society in Boston. Its organization and objects are, in brief, as follows:

*Secretary and Treasurer*—G. S. Stebbins.

*Cabinet Keeper and Librarian*—W. W. Gardner.

*Prudential Committee*—V. L. Owen, M. Calkins, S. F. Pomeroy, A. R. Rice.

The objects of the Society are the cultivation of confidence and good will between the members of the profession, and the eliciting and imparting of information upon the different branches of medical science, and the establishment of a museum and library of pathological anatomy.

There will be written and oral communications, discussions upon the more important medical topics, a mutual interchange of thoughts and ideas, and the members of the Society intend to make it a *live organization*, and will labor for that advancement in medical science, which comes only from patient investigation, and through scientific research.

SECRETARY.

#### Tincture of Chloride of Iron Externally and Internally in Erysipelas.

Dr. AMOS S. JONES, of Janesville, Wisconsin, writes:

"For the last three or four years I have used with perfect success, tinct. ferri hydrochloridi in all my cases of erysipelas. I use it both internally and externally. I use it internally in full doses, depending upon the age, sex, and constitution of the patient. I apply it freely in full strength externally, keeping the swollen and inflamed surface thoroughly painted with it. With the exception of an occasional cathartic, I use no other medicine in an uncomplicated case of simple, phlegmonous, or cedematous erysipelas.

"During April and May of 1863, I had charge of a ward containing all the worst cases of erysipelas collected from all the twelve military hospitals of Memphis, Tennessee, containing in all about 2000 patients. During that time I treated about one hundred cases of erysipelas, and not one of them died of that disease; and in all I adopt-

ed the above treatment. Many of them were very severe and frightful looking cases. I adopted the same treatment in several similar cases in the officer's hospital of Memphis, Tennessee, in which I had charge of a ward containing one half of the patients, during June, July, and August 1863; and with perfect success. I think tinct. ferri hydrochloridi, is almost a specific in those cases."

#### Two Cases of Abortion.

Dr. W. B. TACKETT, of Preston, Georgia, gives the following account of two cases, in which abortion was most likely produced by means of some mechanical operation. He says:

"I have lately witnessed a couple of premature labors. Both complained of intense pain in the left iliac region extending over the crest of the ilium to the region of the left kidney. One had severe pain in the left hip-joint. Both miscarried in spite of all my efforts to prevent. Neither of them had ulceration of the os tincæ or ovarian disease. Both were widows. One, I am certain, had taken, some time previously, the gossypium without the desired effect. Would any drug they may have taken produce such pains? Or may they not have wounded the os uteri in attempting to rupture the membranes, and produced such pains thereby? Please give us your views on it in the next number of the REPORTER.

#### Case of Inertia of the Bowels.—Prolonged Constipation and Death in an Aged Man.

Dr. T. C. ROGERS, of Willow Grove, Delaware, writes:

"I was called to see David Marvel, Sr., of this place; he informed me that his attendant had given him a dose of salts a day or so before, with no effect. Asked me as a favor to mix him a dose 'in the right way, and of the right kind,' and I complied. He also complained of a pain in the left side and back, of which two arnica plasters (large size) soon relieved him. The salts operated to suit him. But strangest of all, he had no evacuation from the bowels for *forty-five days* thereafter. I would add that he took no medicine of any kind during this time, his diet, one quart of fresh milk daily till within two days before he had an evacuation, when he partook of pea soup and two or three sweet cakes. He died on the 13th of September, aged 93 years. His mental faculties were but little impaired. He had scores of relatives, voted at every Presidential election from Washington down, took a dram *three times* a day, but no *often*, for seventy years, used tobacco moderately, was the oldest man in this county, and was called 'Grandfather Marvel' by all."

## News and Miscellany.

### COMMENCEMENTS.

#### Jefferson Medical College.

The annual commencement of the Jefferson Medical College was held on Saturday, 9th inst., at Musical Fund Hall, in the presence of a large audience, composed chiefly of ladies. The professors and graduates met at the college building, and a few minutes of twelve o'clock, formed in line and proceeded to the hall. The Rev. JOHN CHAMBERS opened the exercises with prayer, after which the Hon. EDWARD KING, LL.D., President of the institution, conferred the degree of Doctor of Medicine on the following gentlemen:

*New Hampshire*—John Tredick, jr.  
*New York*—Paul D. Carpenter, S. J. Crockett, Ira E. Coe, Ashbel R. Otis—4.  
*New Jersey*—Charles F. Hitcher, Albert Porch.  
*Pennsylvania*—J. Newton Achuff, S. C. Allison, Wm. B. Ansley, J. A. Armstrong, C. A. Baker, J. W. Baker, A. C. W. Beecher, A. D. Bollinger, J. Boon, W. Gibson Bower, William Brower, H. F. Campbell, Robert J. Carroll, Felix F. Cassaday, Charles H. Clark, Daniel W. Coble, J. Guy Cunningham, T. E. Davis, R. Devereux, W. C. Ebaugh, R. A. F. Elliger, C. R. Evans, Jonathan N. Faust, Edwin K. Fernsler, Adam Frank, Hiram Gold, James Graham, John Graham, John W. Graham, Wm. E. Hall, M. P. Hayes, J. D. W. Henderson, Charles W. Hepburn, J. W. Heysinger, W. E. Hunsberger, David Kennedy, Luther B. Kline, John K. Knorr, jr., David Corey Lloyd, Webster B. Lowman, Amzi Le Bar, D. J. McCaa, J. McGinley, A. P. Meloy, J. W. Miller, T. F. Mullen, J. H. Mullin, R. J. Murray, J. S. Newton, James J. Oatman, Charles T. Orner, J. H. A. Patzki, Ellis Phillips, Wm. T. Porter, Geo. Purviance, Fred. B. Read, J. W. H. Reber, H. S. Reeser, M. S. Richards, I. M. Rockefeller, Wm. Rollman, Wm. Schmoele, jr., W. C. Stranahan, W. R. Thompson, C. W. Weaver, Joseph K. Weaver, Geo. B. Welsner, Walter H. Wilson, M. L. Wolfe (M. D.), John F. Yost—70.  
*Delaware*—John F. Carey, W. J. Hearn, Jas. I. Smith, Dennis J. Treacy, B. Whiteley, C. W. Williamson—6.  
*Maryland*—F. A. Adams, H. H. Hill, Aaron A. Kretzer, J. T. Wilson—4.  
*Virginia*—Richard H. Sims, P. G. Trent.  
*West Virginia*—James M. Lee, P. B. Ogden.  
*North Carolina*—W. R. Hollingsworth, Wm. H. Howde, Jefferson Scales, J. R. Smith—4.  
*Alabama*—O. P. Rex.  
*Mississippi*—C. Baskerville, jr., S. R. Dunn, J. W. Harris, W. H. Howell, A. J. Thomas—5.  
*Tennessee*—Perley J. Aiken, F. K. Berry, Hugh D. Lapp, J. G. Earnest, James N. Lyle, A. D. Scruggs, Jas. Williams—7.  
*Kentucky*—P. C. S. Barbour, Richard O. Cowling, W. P. Dobyns, G. A. Embry, F. H. Enders, Robert M. King, Sylvanus T. Lowry, Z. T. Martin, J. A. Maxwell, R. B. McNary, L. C. Nicholas, C. J. Renfro, Thomas J. Wilson, James T. Winlock—14.

*Missouri*—Jos. A. C. Brown, Lester C. Hall, P. L. Hurt—3.  
*Ohio*—D. P. Bliss, A. E. Hall (M. D.), J. G. F. Holston, jr., Charles P. King, W. McKean, Geo. P. Willard—6.  
*Indiana*—John Burton, W. F. Myler, Wm. M. Orth, D. Wagoner, B. Wallace—5.  
*Illinois*—R. T. Higgins (M. D.), V. W. May, H. Schmalhausen, W. D. Sterling, Thomas J. Whitten—5.  
*Iowa*—W. C. Earle, J. S. Watts (M. D.)  
*Kansas*—O. C. Bender.  
*Texas*—John C. Rosser.  
*Nova Scotia*—George E. Buckley, R. B. Smith.  
*New Brunswick*—William Botsford.  
*Germany*—T. H. E. Gruel.  
*Mexico*—J. B. Mears.

Dr. DUNGLISON, on bidding adieu to the graduates, as an officer of the faculty, congratulated them and wished them a happy career.

Dr. BIDDLE then delivered the Valedictory Address. Alluding to the duties and responsibilities which the graduates were about to assume, he said, that of all men, the physician should cultivate the most tender conscientiousness. He must not be slothful nor pleasure-seeking, but prompt, zealous, earnest—absorbed in his ministrations—a man apart.

There is no quality more necessary to a physician than a sympathetic bearing, the pledge of a heart in which Christian charity abounds.

They must not approach their fellow-man, as he lies stretched upon his bed of suffering, with the abstracted coldness of some

Snow-crowned peak of science, towering high.

They must not regard him, in his struggle with disease and pain, as a mere subject for analysis and experiment—a case for record in their note-books. With whatever skill they might detect the morbid changes which were boldly before them, and apply the remedies which they require, their mission would be imperfect if they neglected the moral aid which is derived from a genial, cheerful, and encouraging demeanor. Such a manner is the most certain secret of success. Its inspiration is magical. It invests him who wears it with the attributes of an envoy from heaven.

And when all human means fail, as sooner or later they must, to avert the dreaded termination of sickness; when nothing remains but to await the inevitable hour, it is still a part of the duty of the physician alike to soothe the parting moments of the dying and to make the solemn event a useful lesson to the survivors.

The practitioner who would succeed, must be not only hopeful, but confident and trustful in the agents which he employs. Skepticism is not usually the vice of youthful minds. On the contrary, the young physician is more apt to err on the side of excessive action—*nimia diligentia*. But a firm faith in the work in which they were to be engaged was a necessity not only for their success but their happiness.

They should not attempt impossibilities. They should recollect that disease is only a depression of the vital powers—a deviation from the laws of health—and that it is not an entity to be attacked

and driven out of the system by violent and destructive expedient.

The commencement of the *Medical Department of the University of Maryland* came off with great éclat, at Holliday St. Theatre, Baltimore, on Saturday last. "The house was literally packed; showers of bouquets were thrown upon the stage to the graduates by the ladies." There were 75 graduates.

At the commencement of the *Missouri Medical College*, at St. Louis, recently held, the degree of Doctor of Medicine was conferred on twenty-one graduates, by Dr. J. N. McDowell. The ad-eundem degree was conferred on twelve practitioners.

The twenty-fifth annual commencement of the *St. Louis Medical College* was held on the evening of March 1st. Dr. CHAS. A. POPE, President of the Faculty, then conferred the degree of Doctor of Medicine on fifty-three graduates, and the ad-eundem degree was conferred on four practitioners.

The *Buffalo Medical College* graduated a class of forty on the evening of February 26th. The Chancellor of the University, the Hon. MILLARD FILLMORE, conferred the degrees. Prof. WHITE made an address, in the course of which he alluded with much feeling to "the magnanimous WILCOX, the conscientious, scholarly WASHBURN, the accomplished and heroic Surgeon IRWIN, and the faithful, zealous BUTLER," graduates of the College, all of whom lost their lives during the rebellion. The Valedictory Address was delivered by M. J. POTTER, A. B., M. D. The exercises of the evening were closed with the benediction by the Rev. Mr. WITHERSPOON.

#### American Medical Association.

THE EIGHTEENTH ANNUAL MEETING OF THE AMERICAN MEDICAL ASSOCIATION will be held in CINCINNATI, on Tuesday, May 7th, 1867, at 11 o'clock, A. M.

The following Committees are expected to report:

On Quarantine, Dr. Wilson Jewell, Pa., Chairman.

On Ligature of Subclavian Artery, Dr. Willard Parker, N. Y., Chairman.

On Progress of Medical Science, Dr. Jerome C. Smith, N. Y., Chairman.

On the Comparative Value of Life in City and Country, Dr. Edward Jarvis, Mass., Chairman.

On Drainage and Sewerage of Cities, etc., Dr. Wilson Jewell, Pa., Chairman.

On the Use of Plaster of Paris in Surgery, Dr. Jas. L. Little, N. Y., Chairman.

On Prize Essays, Dr. F. Donaldson, Md., Chairman.

On Medical Education, Dr. S. D. Gross, Pa., Chairman.

On Medical Literature, Dr. A. C. Post, N. Y., Chairman.

On Instruction in Medical Colleges, Dr. Nathan S. Davis, Ill., Chairman.

On Rank of Medical Men in the Army, Dr. D. H. Storer, Mass., Chairman.

On Rank of Medical Men in the Navy, Dr. W. M. Wood, U. S. N., Chairman.

On Insanity, Dr. Isaac Ray, R. I., Chairman.

On American Medical Necrology, Dr. C. C. Cox, Md., Chairman.

On the Causes of Epidemics, Dr. Thomas Antisell, D. C., Chairman.

On Compulsory Vaccination, Dr. A. N. Bell, N. Y., Chairman.

On Leakage of Gas-pipes, Dr. J. C. Draper, N. Y., Chairman.

On Alcohol and its Relations to Man, Dr. J. R. W. Dunbar, Md., Chairman.

On the Various Surgical Operations for the Relief of Defective Vision, Dr. M. A. Pallen, Mo., Chairman.

On Local Anæsthesia, Dr. E. Krackowitzer, N. Y., Chairman.

On the Influence upon Vision of the Abnormal Conditions of the Muscular Apparatus of the Eye, Dr. H. D. Noyes, N. Y., Chairman.

On the Comparative Merits of the Different Operations for the Extraction of Vesical Calculi, Dr. B. I. Raphael, N. Y., Chairman.

On the Therapeutics of Inhalation, Dr. J. Solis Cohen, Pa., Chairman.

On the Deleterious Articles used in Dentistry, Dr. Augustus Mason, Mass., Chairman.

On Medical Ethics, Dr. Worthington Hooker, Conn., Chairman.

On the Climatology and Epidemics of Maine, Dr. J. C. Weston. Of New Hampshire, Dr. P. A. Stackpole. Vermont, Dr. Henry Janes. Massachusetts, Dr. Alfred C. Garratt. Rhode Island, Dr. C. W. Parsons. Connecticut, Dr. B. H. Catlin. New York, Dr. E. M. Chapman. New Jersey, Dr. Ezra M. Hunt. Pennsylvania, Dr. D. F. Condie. Delaware, Dr. — Wood. Maryland, Dr. O. S. Mahon. Georgia, Dr. Juriah Harris. Missouri, Dr. Geo. Engelman. Alabama, Dr. R. Miller. Texas, Dr. Greenville Dowell. Illinois, Dr. R. C. Hamil. Indiana, Dr. J. F. Hibberd. District of Columbia, Dr. T. Antisell. Iowa, Dr. J. W. H. Baker. Michigan, Dr. Abm. Sager. Ohio, Dr. J. W. Russell.

Secretaries of all medical organizations are requested to forward lists of their Delegates as soon as elected, to the Permanent Secretary.

W. B. ATKINSON,  
215 Spruce St., Philadelphia, Pa.

#### Hoff's Malt Extract, Before the New York Academy of Medicine.

This preparation, appears to be a fermented liquor, depending, for whatever medicinal qualities it may possess, on bitter extractive, the saccharine principle, and slight stimulating properties.

New York, Feb. 12, 1866.

MR. HOFF, DEAR SIR: In reply to your inquiry as to the action taken by the New York Academy of Medicine in reference to Hoff's Extract of Malt, which was submitted to it for examination some weeks since, I have to inform you that the Committee of three to whom it was referred with directions to report upon it, took the matter into careful consideration, and on the sixth inst. a majority of the committee presented a report thereon, of which the following is an extract:

This letter and the following report are signed

